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| **2020 U.S. Presidential Scholar**  **Georgia Department of Education**  Student Nomination Application-CTE |

DIRECTIONS: All information on this form must be completed on a computer. Handwritten applications won’t be accepted. No exceptions.

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| SCHOOL INFORMATION | | | | | | | | | | | | | | | | | | | | | |
| Name of School System, Private School or Homeschool | | | | | | Name of High School and CEEB code | | | | | | | | | | | | School Phone  (   )    - | | |
| School Address (Street/Route/Post Office Box) | | | | | | City | | County | | | | | Zip | | | | | Congressional District | | |
| APPLICANT INFORMATION | | | | | | | | | | | | | | | | | | | | |
| Student’s First Name | | Student’s Middle Name | | | | | | | | Student’s Last Name | | | | | | | | | | |
| Student’s Preferred Name | | | | | | | Email | | | | | | | | | | | | | |
| Home Address (Street/Route/Post Office Box) | | | | | | | | | | | City | | | | | State | | | Zip | |
| Home Phone  (   )    - | Birth Date (MM/DD/YY) | | | | Age | | Grade | | Gender  Male  Female | | | | |  | | | | | | |
| PARENT/GUARDIAN INFORMATION | | | | | | | | | | | | | | | | | | | | |
| Parent 1/ Legal Name | | | | | | | | | | | | | | | Relationship | | | | | |
| Home Address (Street/Route/Post Office Box) (Write SAME if same address) | | | | | | | | | | | | City | | | | | State | | | Zip |
| Business Phone  (   )    - | Cell Phone  (   )    - | | | Email | | | | | | | | | | | | | | | | |
| Parent 2/ Legal Guardian Name | | | | | | | | | | | | | | | Relationship | | | | | |
| Business Phone  (   )    - | Cell Phone  (   )    - | | Email | | | | | | | | | | | | | | | | | |

# ALL CRITERIA MUST BE MET AND ALL REQUIREMENTS MUST BE VERIFIED AS INDICATED IN ORDER TO BE NOMINATED FOR U.S. PRESIDENTIAL SCHOLAR

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**PROGRAM REQUIREMENTS**

**SIGNATURE VERIFICATION FOR SECTIONS A-D ARE REQUIRED**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Student’s Name | | School System/Private School/Homeschool | | | |
| A | 1. **Will student graduate between January-June 2020? Yes or No:**   **Principal’s signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |  |
| B | Student’s total SAT score:  **And/Or** student’s total ACT:  Are student’s scores marked public or private:  **Principal’s signature:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | C  **Overall GPA must be at least 3.0 on 4.0 scale.**  **Career Pathway GPA must be at least 3.25 with no grade lower than B-.**  Student’s cumulative GPA:  Student’s GPA in selected career pathway:  What is your rank in scholastic standing of your class?  Upper 1%  Upper 5 % Upper 10 %  Upper 15%  Upper 25 %    **Principal’s signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| D | Choose one of the following:  U.S. Citizen  Legal permanent resident  Non-Citizen  **School level coordinator’s signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |
|  | Answer the questions below. Text boxes will expand as you type. | | | | |
|  | What makes you an outstanding CTE student? (150-250 words) | | | | |
|  | Did you have special challenges or hurdles while still achieving high success? (125-250 words) | | |  | |
| List and describe CTE achievements: | | |  | |
| In grades 9-12, list ***completion of a work-based or community-based learning experience.*** (e.g., internships, on-the-job training, apprenticeships, school based enterprises and supervised entrepreneurial experiences). Must coordinate with classroom-based learning. Include dates of involvement/service. Text boxes will expand as you type. | | |  | |
| Organization & position 1. | | | Dates of involvement | |
| Organization & position 2. | | | Dates of involvement | |
| Organization & position 3. | | | Dates of involvement | |
| What medals were earned in state or national CTSO skills competition: | | | Dates of involvement | |
| Have you earned an industry-recognized certification/credential? | | |  | |
| In grades 9-12, list evidence of ***involvement in leadership role in a CTSO at local, state or national level.*** (Include dates of involvement/service. Text boxes will expand as you type. | | |  | |
| Organization & activity 1. | | | Dates of involvement | |
| Organization & activity 2. | | | Dates of involvement | |
| Organization & activity 3. | | | Dates of involvement | |
|  | In grades 9-12, list evidence of ***completion of a community service project or other student leadership activity in career of interest***. Scores at the Gold Level in each of the three core areas of the National Career Readiness Certificate (i.e., Applied Mathematics, Locating Information, and Reading for Information), which means that the student has the foundations skills for approximately 90% of jobs of jobs examined. | | |  | |
|  | Project 1. | | | Dates of involvement/service | |
|  | Project 2. | | | Dates of involvement/service | |
|  | Project 3. | | | Dates of involvement/service | |
|  | In grades 9-12, list evidence of ***Ingenuity/Creativity/Problem Solving as demonstrated by one or more of the following:*** *1.* Solution to a real-world problem (e.g., developed electric car that goes faster than any before). 2. Development of a new product/good or service (e.g., development of an app). | | |  | |
|  | Project 1. | | | Dates of involvement | |
|  | Project 2. | | | Dates of involvement | |
|  | Project 3. | | | Dates of involvement | |

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| --- | --- | --- | --- | --- |
| ***If your parents or guardians are willing for you to go to Washington, D.C., to receive the Presidential Scholar Medallion, please have them sign below:*** | | | | |
| Date (MM/DD/YY) | | Student’s Name | | Student’s Signature (REQUIRED) |
| Date (MM/DD/YY) | | Parent’s/Guardian’s Name | | Parent’s/Guardian’s Signature (REQUIRED) |
| Date (MM/DD/YY) | | Principal’s Name | | Principal’s Signature (REQUIRED) |
| Date (MM/DD/YY) | | School Level Coordinator’s Name    Email | | School Level Coordinator’s Signature (REQUIRED) |
| Date (MM/DD/YY) | | Superintendent’s/Headmaster’s Name | | Superintendent’s/Headmaster’s Signature (REQUIRED) |
| **I support the application of this student for the 2020 Presidential Scholar Program and I have confirmed ALL verifications for accuracy and required signatures.** | | | | |
| Date (MM/DD/YY) | System Coordinator’s Name | | System Coordinator’s Signature (REQUIRED) | |
| Coordinator’s Phone Number  (   )    - | | | Email | |

Instructions for coordinator:

After the completed application is signed, scan document in a PDF attachment. Send each student application in a separate document. DO NOT include any attachments.

# The application must be received on or before 5 p.m. on November 4, 2019.

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# It is the responsibility of the sender to ensure and verify that the document is received by the deadline.

# Faxed or mailed applications will not be accepted.

# PLEASE RETAIN FOR YOUR RECORDS ONE COPY OF EACH

# COMPLETED STUDENT APPLICATION.